General Remarks

ON THE

PRACTICE OF MEDICINE.

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VIII.—TREATMENT.

Treatment distinct from Cure. Conversant not immediately with the Disease, but with intermediate Purposes. What is meant by Indications of Treatment. Chosen from present Symptoms. Not necessarily the most Prominent Symptoms. Or nearest akin to the particular Disease pathologically. Often common alike to many Diseases. And the Largest and most comprehensive.

We come now to consider *Treatment* as distinguished from *Cure*. *Treatment* seeks to abolish the disease after fulfilling one or several primary and intermediate purposes aimed at and intended by the physician. These intermediate purposes are called *Indications of Treatment*. They are, upon the whole, of much variety, and in each particular case may be a single one, or few, or many; and, accordingly, the means or remedies by which indications are sought to be fulfilled are various upon the whole, and in each particular case may be a single one, or few, or many.

Now, it is in the *Treatment* of diseases as distinguished from their *Cure*, that our knowledge comes chiefly into play. Here it is that by our knowledge we discern and choose the aims or indications, be they many or few, which are intermediate and conducive to the ultimate scope of all, the restoration to health. And here, again, it is by our knowledge that we select, and apportion, and apply the means and remedies, be they many or few, which are fitted for each particular aim or indication we desire to compass. Often, indeed, we thus feel ourselves (as it were) working with our knowledge experimentally and in detail, leaning on it, trusting it, step by step. Further, we are thus often able to survey retrospectively (and it is a most profitable exercise) the course and management of particular cases, and their results; and see where we have done well and where we have done ill; where, from treatment perfectly carried out in all its details, restoration has followed as the natural and necessary consequence; or where, from mischance or mismanagement, from defect or misuse of knowledge in this or that practical detail, restoration has been postponed, or left imperfect, or has failed altogether.

The practice of medicine, when it is thus concerned with *Treatment*, and proceeds upon the choice of aims or indications, and of means and remedies fit to compass them, has preeminently been called "*Rational*." It is a boastful appellation; well enough for those who are full of hope and expectation, at the onset, of what knowledge is calculated to do and should do, but too high-pitched for those who have made honest trial of what it can do and has done. Men feel and speak differently in putting on their armour and in taking it off. Truly, the practice of medicine best deserves to be called "*Rational*," when it is concerned with *Treatment*. But then, as such, it has had

its limits of success, which leave room enough still for plenty of hard, well-directed research, but none at all for vain boasting.

On the other hand, the practice of medicine, when it is concerned with *Cure* has been preeminently called *Empirical*. And it has often made its boast of the name, and been pleased with its significance as contrasted with that of *Rational*. It has rejoiced to acknowledge elements of disease deeper and simpler and more powerful than any which it can sensibly apprehend. It has used remedies given it by chance; and, knowing no natural aptitude they have for their purposes, it has trusted bare experience for their effects, and has not been disappointed; remedies surer and further reaching, and of more special virtue, than any which industry, and science, and skill, and use, have enabled "*Rational*" medicine to know, to choose, and to apply.

Thus, from time to time, the extreme "*Rationalists*" among us have professed to know more than can be known; and the extreme "*Empirics*" to believe more than is credible. Each, in their turn, have done signal detriment to practical medicine. The physicians who have most benefited mankind have been neither rationalistic nor empirical by pre-eminence, but a fair mixture of both; for faith and knowledge lean largely upon each other in the practice of medicine. The mainstays of our faith would be often giving way but for the contrivances of our knowledge; and the insufficiency of our knowledge would often leave us helpless but for the resources of our faith.

It lies at the foundation of all successful *Treatment* to understand the intermediate purposes which medicine has to fulfil, in order to reach the disease remedially. And these are to be sought for in some present conditions of the individual patient. To determine which they are, and determine how far they can be trusted for guidance in the *Treatment* of the disease, this it is, which constitutes the doctrine of practical indications.

Now, all conditions of the patient, which belong to him as such, fall within the category of symptoms. And by his symptoms it is that we get what knowledge we have of his diseases, and what guidance we need for their *Treatment*.

But what is it that makes the *practical* indication? What are the properties which, belonging to certain symptoms, mark them out as guides for *Treatment*.

Are the symptoms which suggest the remedy more prominent and more striking than others from their mere magnitude? Sometimes they are, and sometimes they are not. Often, indeed, they are so faintly marked, that they might easily escape the notice of those unaccustomed to search after them. The patient wonders at the indifference with which the physician regards his greatest grievance or pain, and at the attention he gives to some paltry circumstance (as it appears), or to some minor uneasiness which he is himself hardly conscious of, and makes it the scope of the remedy. Yet, although symptoms are not made guides to practice by their mere magnitude, do they not become such by virtue of the real pathological import belonging to them? Now, their pathological import must come from some essential connection between them and the disease; and this connection, by how much the stricter and closer it is, must make them pathological in a higher

degree. Names have been given to symptoms for the purpose of marking the nature of this connection. Some are called pathognomic and some diagnostic; names which almost carry their own meaning, and scarcely need explanation. The symptoms which characterise diseases in their essence (as far as we have an insight into what that essence is) are called pathognomic; and the symptoms which distinguish diseases from one another in their nature, or which distinguish them in their seat, are called diagnostic. These have all been analysed, and arranged, and classified, with some show of philosophy and some success, and hence our knowledge of diseases, within a certain range, has been made easier and more precise. But then comes the question, do these symptoms which claim for themselves the highest pathological import, even these, the proper pathognomic and diagnostic symptoms of the disease, claim, therefore, to stand preeminently for guides and indications of its treatment?

As to pathognomic symptoms sometimes they do and sometimes they do not. The heat, the redness, and swelling, which are pathognomic of external inflammation, largely suggest and regulate the methods of managing it. But the pustules of small-pox and the rash of measles, which are pathognomic of each and due to the proper essence of each respectively, have little—I will not say nothing—to do with the right management of either.

As to symptoms called diagnostic (as we have only to do with the practical uses of things, and have no further regard to names than as they can help us in that behalf) it is fit to remark that they and the pathognomic are commonly the same. The symptoms which, under the name of pathognomic, have already served to denote what the disease is in itself, are the same which now, under the name diagnostic, serve to distinguish it from other diseases. The pustules of small-pox and the rash of measles having bespoken the essential nature of each, were rightly deemed pathognomic. But, pathognomic as they were, they did not suggest the methods of treating either. And now, the pustules of small-pox taken to distinguish it from measles, and the rash of measles to distinguish it from small-pox, are rightly called diagnostic. But, diagnostic as they are, they do not suggest different methods of managing the two. The same symptoms do not alter their practical value by changing their names. Neither do the symptoms, which are diagnostic in the sense of discriminating the seat of diseases, demand for them, except subordinately, a treatment respective to the parts they occupy, or require that the same disease—inflammation, for instance—should be dealt with differently in each of the many organs it may chance to befall.

Yet all these symptoms (I would repeat) are eminently pathological; all of nearest akin to their diseases, specialising, severalising, localising them; the symptoms by which we gain all the knowledge we have of what diseases are in their own nature, all our discernment of one disease from another, and of the part which any disease occupies during the life of the patient.

Small-pox and measles have been mentioned for the sake of their contrast. But what has been said of them may be equally said of almost all other diseases, especially febrile, which have a distinct essence, and symptoms flowing from that essence which

are properly and exclusively their own. It is emphatically true of them, when you come to treat them, that the symptoms proper to each and distinctive of each, nearest akin to its essence, and giving to each its stamp of individuality, recede and give place to others which they have in common; and that these latter become the just indications of practice, and serve for guidance and discretion in the use of remedies.

Well! but touching the symptoms which, as indications of treatment, practically supersede those of the highest pathological import: what are they, and where are we to look for them?

Typhus fever, typhoid fever, scarlet fever, variolous, rubeolous fever—all these diseases have severally an element of their own; and the element of each one is different from the element of every other. But why do we call them all fevers? Fever is the proper element of none of these. Yet fever is, so to speak, the motive power of them all, and common to all. Assuredly, their outward presentment has always the accompaniment of fever. Fever is conditional to their known existence as diseases. They cannot come into known activity without fever. Yet each has a pathology of its own prior to the fever. We are quite sure of the fact, although we can make no use of it, or extract anything from it which may serve as a guide to practice. Our treatment must needs wait for the fever. It can only begin with what it sees. It cannot take aim until it catches sight of a mark.

Of these several diseases, the proper pathology and its ingredients (whatever they may be) are unapproachable by medicine. It is through their common pathology, through their fever and its ingredients, that they are brought within our sight and our knowledge, and the reach of our remedies. At present, let it be enough to declare of fever, that it is constituted of cold, heat, and perspiration, in various measures and in various forms of combination; and to point to the entire vascular system and nervous system, now acting and suffering beyond and beside the uses of health, as engaged in carrying it on. Fever thus regarded is full of indications for the treatment of all such diseases as have been mentioned. And it is with the two great systems, the vascular and the nervous, in their largest extent and reach, that we have to do, whenever we deal with these indications.

Fever, or its ingredients of cold, heat, and perspiration, take the first place for comprehensiveness and exigency among symptoms which are guides to Treatment.

It is through the vascular system as a whole, and the nervous system as a whole, that the body makes chief display of its vitality.

DEMAND FOR MEDICAL MEN IN AMERICA. At no period in our medical history have there been greater inducements for qualified students to enter upon the study of medicine. The cry that physicians are becoming too numerous, is true only in the sense that too many are by education and natural capacity entirely unfit for practice. The demand for educated medical men is urgent, and no student who brings to the study of medicine proper mental, moral and educational qualifications, and a resolve to take high rank in his profession, need have any doubts concerning the wisdom of his choice. (*American Medical Times.*)